

LETTER OF MEDICAL NECESSITY

Per IRS Sec 213 (d) and publication 502, "medical expenses" are the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and for the purpose of affecting any part or function of the body. These expenses include payments for legal medical services rendered by physicians, surgeons, dentists, and other medical practitioners. They include the costs of equipment, supplies, and diagnostic devices needed for these purposes. Medical care expenses must be primarily to alleviate or prevent a physical or mental disability or illness. They don't include expenses that are merely beneficial to general health, such as vitamins or a vacation.

PERSONAL INFORMATION (Please Print Clearly)

Patient Name:
Participant Name (if different from above):
Participant's Social Security:
Participant's Employer:

TO BE FILLED OUT BY LICENSED PRACTITIONER

Medical Condition:
Recommended treatment (frequency and dosage):
Duration of the treatment:

LICENSED PRACTITIONER

I certify that this expense is medically necessary to treat the specific medical condition as described above and is not just merely beneficial to general health or for cosmetic purposes.

Print Name:
Signature:
Date:

NOTE: This letter of medical necessity will be valid for a year. Catapult reserves the right to request a current letter of medical necessity in order to verify that the "medical expense" is eligible for reimbursement. Send the completed form, with any other required documentation to:

Catapult
 Attn: Benefits Administration Services
9140 Arrowpoint Blvd Suite 140 Charlotte, NC 28273
 Fax to: (704) 944-6076 Email to: benefits@letscatapult.org

If you have any questions, call the Benefits Services Department at (800) 528-2398 or (704) 522-8011